

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/767,041

FILING DATE

1-22-01

APPLICANT(S)

6/22/04 CLAIMS

6/22/04

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51									
2		/					52			/				/		
3		/					53									
4	/						54									
5	/						55									
6	/						56									
7		/					57									
8		/					58									
9		/					59									
10		/					60									
11		/					61									
12		/					62									
13		/					63									
14		/					64									
15	/						65									
16	/						66									
17		/					67									
18		/					68									
19		/					69									
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23		/					73									
24		/					74									
25		/					75									
26		/					76									
27		/					77									
28		/					78									
29		/					79									
30		/					80									
31		/					81									
32		/					82									
33		/					83									
34		/					84									
35		/					85									
36		/					86									
37		/					87									
38		/					88									
39		/					89									
40		/					90									
41		/					91									
42		/					92									
43		/					93									
44		/					94									
45		/					95									
46		/					96									
47		/					97									
48		/					98									
49		/					99									
50		/					100									
TOTAL IND.	6		2				TOTAL IND.									
TOTAL DEP.	22		30				TOTAL DEP.							3		
TOTAL CLAIMS	33		32				TOTAL CLAIMS							23		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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